2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# N11000009261

Entity Name: FUND FOR PARKINSON'S DISEASE RESEARCH, INC.

Current Principal Place of Business:

1868A WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 334424594

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4594
DEERFIELD BEACH, FL 334424594

New Mailing Address:

FEI Number: 45-3162758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOM, NORMAN L
4027 OAKRIDGE BUILDING D
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPC
Name: BLOOM, NORMAN L CHAIR
Address: 4027 OAKRIDGE BUILDING D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CFO
Name: BLOOM, NORMAN L CHAIR
Address: 4027 OAKRIDGE BUILDING D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D/VP
Name: BLOOM, HELAINE VICE
Address: 4027 OAKRIDGE BUILDING D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VC
Name: BLOOM, HELAINE VICE
Address: 4027 OAKRIDGE BUILDING D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D/S
Name: BLAIR, DEBRA SEC
Address: 208 BRITTANY CHASE DRIVE
City-St-Zip: WAYNE, NJ 07024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN L BLOOM CHAI 02/16/2012

Electronic Signature of Signing Officer or Director Date